

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9393</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>MICHAEL</u> <u>A</u> <u>WILSON</u> P O Box, Bldg, Room No, if any <u>P. O. BOX 14080</u> Street _____ City <u>TERRE HAUTE</u> State <u>Indiana</u> ZIP Code + 4 <u>47803-8080</u>	4 Name, file number, and address of labor organization Name <u>PAINTERS LOCAL #197</u> Labor Organization File Number <u>013691</u> P O Box, Building and Room Number, if any <u>P. O. BOX 14080</u> Street _____ City <u>TERRE HAUTE</u> State <u>Indiana</u> ZIP Code + 4 <u>47803-8080</u>
5 Position in labor organization <u>BUSINESS REPRESENTATIVE/ORGANIZER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

On

08/09/2005

Date

812-232-1644

Telephone Number

Name of Person Filing MICHAEL WILSON

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name PAINTERS LOCAL #197

Trade Name, if any

P O Box, Bldg, Room No, if any P. O. BOX 14080

Street

City TERRE HAUTE

State Indiana

ZIP Code + 4 47803-8080

9 Business deals with

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name PAINTERS LOCAL #197 APPRENTICESHIP FUND

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 2314 LOCUST STREET

City TERRE HAUTE

State Indiana

ZIP Code + 4 47807

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

ATTENDANCE AT CHRISTMAS DINNER - 12/06/04

12 b Amount.

\$70

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name FIRST FINANCIAL BANK

Trade Name, if any

P O Box, Bldg, Room No, if any P. O. BOX 540

Street

City TERRE HAUTE

State Indiana

ZIP Code + 4 47808-0540

14 a Nature of payment.

FRUIT BASKET - DECEMBER '04

13 b. Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

\$45

Name of Person Filing MICHAEL WILSON

File Number U-

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant** (including trade name, if any)

Name PAINTERS LOCAL #197 HEALTH & WELFARE FUND

Trade Name, if any

P O Box, Bldg, Room No, if any P. O. BOX 786

Street

City BONIFAY

State Florida ZIP Code + 4 32425-0786

14 a Nature of paymentOFFICER & SPOUSE ATTENDANCE AT CHRISTMAS DINNER
12/08/04**13 b Is the Business an Employer** ☐ or Consultant ☐ ?**14 b Amount of payment.**

\$159

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13 a Name and address of Employer or Labor Relations Consultant** (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment.**13 b Is the Business an Employer** ☐ or Consultant ☐ ?**14 b Amount of payment****C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant** (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer** ☐ or Consultant ☐ ?**14 b Amount of payment.**



International Union of Painters and Allied Trades, AFL-CIO, CLC
District Council 91

Painters Local Union 197

2314 Locust Street, Terre Haute, Indiana 47803
tel: 812-232-1644 * fax: 812-238-1514

INDIANA • ILLINOIS • KENTUCKY • TENNESSEE

Michael Wilson, Business Representative/Organizer

INDIANA

PLU # 47 - INDIANAPOLIS
317-546-5638

PLU #80 - LAFAYETTE
765-477-7848

PLU #156 - EVANSVILLE
812-425-4414

PLU #197 - TERRE HAUTE
812-232-1644

PLU #460 - NW INDIANA
219-947-0420

PLU #469 - FORT WAYNE
260-484-7924

PLU #669 - ANDERSON
765-378-5242

PLU #1118 - SOUTH BEND
574-287-8200

GLU #1165 - IN, KY, IL

EVANSVILLE
812-962-0652

FORT WAYNE
260-484-7924

GARY
219-947-0420

INDIANAPOLIS
317-542-7617

SOUTH BEND
574-287-8200

KENTUCKY

PLU # 118 - LOUISVILLE
502-366-2233

PLU # 500 - PADUCAH
270-441-7697

TENNESSEE

PGLU # 456 - NASHVILLE
615-255-7863

August 12, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington DC 20210

RE: Form LM-30 (01/01/04-12/31/04)

To Whom It May Concern

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently, some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Sincerely yours,

Michael A. Wilson
Business Representative/Organizer
Painters Local #197/District Council #91



An Affiliate of District Council 91
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PHONE: 812-962-9191 • FAX: 812-425-4890